



# **Hazard-Specific Appendix Development Toolkit Chemical, Biological, Radiological or Nuclear (CBRN) Incidents and Hazardous Materials Exposure**

For Health Care Facilities in Colorado

This toolkit is designed to help health care facilities in the State of Colorado develop Chemical, Biological, Radiological or Nuclear Exposure procedures to include in an Emergency Operations Plan. It is intended for use in conjunction with the other planning resources available online from the Colorado Department of Public Health and Environment at [www.healthfacilities.info](http://www.healthfacilities.info) under the Emergency Planning Resources link.

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## INTRODUCTION

This toolkit uses the standards in the INTERIM Comprehensive Planning Guide (CPG 101) and the INTERIM Emergency Management Planning Guide for Special Needs Populations (CPG 301). More information about the CPG project, including the full text of *CPG 101*, is located on the FEMA website (<http://www.fema.gov/about/divisions/cpg.shtm>). The CPG project is not yet complete, so some of the guidelines offered in this toolkit also draw on the Guide for All-Hazards Emergency Operations Planning (SLG 101), which the CPG project is replacing. Text drawn directly from any of these documents appears in *italics* with parenthetical citations at the end of the selection indicating the source. All other informational text appears as normal print. Where applicable, sample text is also provided. This text appears **[bracketed and bolded]** and is suitable for use in the facility's **Hazard-Specific Appendix**. Other examples are available to download at [www.healthfacilities.info](http://www.healthfacilities.info) under the Emergency Planning Resources link.

## DEFINING A HAZARD-SPECIFIC APPENDIX

**Hazard-Specific Appendices** are one part of an overall Emergency Operations Plan (EOP). They provide the supplemental information that applies only to a specific hazard. They are supporting documents attached to the **Basic Plan** or **Functional Annexes** in the EOP. The information contained in the **Appendix** should clarify the procedures already developed in the EOP by outlining specific concerns, information requirements, equipment needs, operating procedures, or support requests that a facility would not require in a different scenario. The EOP should include a **Hazard-Specific Appendix** for the most likely and/or dangerous hazards a facility faces. The use of the **Hazard Analysis Toolkit** (available online at [www.healthfacilities.info](http://www.healthfacilities.info) under Emergency Planning Resources) will help facilities identify these critical hazards.

## CONTENT

The information contained in a **Hazard-Specific Appendix** looks very similar to that of the **Basic Plan** or a **Functional Annex**. The order is the same, as are the section subdivisions. However, the **Hazard-Specific Appendix** is briefer, and includes more information under the **Tabs** (Section 8) than the other two documents. Remember that an **Appendix** should clarify the procedures already established in the EOP or **Functional Annex** and should not be considered a standalone document.

## INSTRUCTIONS

1. Assemble the Comprehensive Planning Team (CPT) and distribute this toolkit to each member for review.
2. Collect the following information:
  - The facility's **Hazard Analysis Toolkit** or comparative document.
  - The facility's **Basic Plan** document (see the **Basic Plan Toolkit** online for more help) and any **Functional Annexes** (these toolkits are also available online).
  - A copy of the facility's floor plan
  - Any other materials deemed relevant by the CPT.
3. Read the entire toolkit and use the information collected here to develop a **Hazard-Specific Appendix for CBRN Incidents** and/or **Hazardous Materials Exposure** to include in the facility's EOP.
4. Work each section in the toolkit in order. As with the other toolkits, each section of the plan draws on the section previous for clarification and focus.
5. Complete the **entire** toolkit!
6. Stop to check work often with facility, local, state, and federal guidelines. The checkmark in the margins will help identify good stopping points.



7. Remember:
  - Most of the *Italicized text* is drawn directly from *CPG 101*, *CPG 301*, or *SLG 101*.
  - **[Bolded, bracketed text]** indicates sample text suitable for use in a facility's **Appendix**.
  - Be sure to address all of the suggestions under each section before moving on.

## DEVELOPING THE APPENDIX

### A Special Note about CBRN Incidents and Hazardous Materials Exposure:

These two hazards are combined together in this appendix development toolkit to help healthcare facilities develop effective plans and responses. Though these events are distinct and require specialized procedures, they are similar enough on a facility level that the same response procedures can be used for any type of CBRN or Hazardous Materials incident. However, there are a few important things to note before moving on to the **Appendix** development:

1. Response capabilities are divided into two scenarios: What to do when the exposure or incident is *internal* and what to do when the exposure or incident is *external*.
2. Hazard definitions are particularly important to clarify in this **Appendix**. Biological Agent exposures may be best addressed using the **Mass Care/Mass Casualty Functional Annex** or the **Epidemic/Pandemic Appendix** and **Infectious Diseases Appendix**.
3. Avoid over-planning the response. Local, state, or federal assistance and instructions will be implemented quickly for most of these events.
4. The rest of this toolkit will only use the term 'CBRN incidents'. Assume this also includes any other hazardous materials exposures that constitute a disaster for the facility.
5. Remember that this Appendix addresses disaster scenarios. Small spills of commonly used chemicals inside the facility are not disasters, though the situation should always be treated with caution.

### Section One: Purpose, Scope, Situations, and Assumptions

This is the brain of the **Appendix**. The material establishes the intent and usage of the **Appendix** and provides direction, clarity, and context for the response procedures outlined. The content here focuses more on providing integration guidelines with the **EOP** and **Functional Annexes**. Treat this section like implementation instructions. When complete, the section should provide the following information:

- What events or hazards can trigger the **Appendix**
- What personnel in the facility have the authority to order the activation of the **Appendix**
- How long the **Appendix** can be in effect
- What other aspects of the **EOP**, if any, should be activated with the **Appendix**
- List what scenarios or assumptions are included in the **Appendix**.

#### 1. Purpose

Much like the thesis statement of a paper or article, this paragraph establishes the overarching theme and intent of the **Appendix**. All other aspects of the **Appendix** should flow logically from this statement. An example is listed below:

**[The purpose of this Appendix is to protect the life and safety of residents and staff at the facility in the event of an a CBRN incident by outlining the specific procedures the facility will take to secure residents, maintain standards of care, and address safety concerns during this type of disaster.]**



## Section One: Purpose, Scope, Situations, and Assumptions (continued)

### 2. Scope

This paragraph establishes how much the **Appendix** is intended to do. In other words, this section must clarify at what point before or during a disaster the **Appendix** goes into effect and how far into or past the event the **Appendix** should function. Since an **Appendix** is a supporting document, it should also note what other parts of the **EOP** it functions with. Remember to utilize titles when assigning responsibilities for tasks, and to include an assessment of the responsible area. Maps, facility floor plans, or other graphics may be helpful to include as Tabs (Section 8) for reference and clarification. An example is provided below:

**[For all CBRN incidents occurring outside the facility's walls, the facility will respond with the appropriate action as instructed by emergency response personnel or other local, state or federal authorities. For minor incidents inside the facility, the staff will respond with appropriate personal protective equipment and follow standard procedures to clean up minor exposures, and will then contact local emergency personnel for additional assistance. In all events, the staff will prioritize the life safety of residents and staff and take the necessary precautions to minimize exposure to such agents.]**

### 3. Situation Overview

Provide an overview of how the hazard will impact the facility and the larger community. The level of detail in this section is subject to the judgment of the CPT, but be sure it includes the relative probability and impact of the hazard, the geographic areas likely to be affected by this hazard (including buildings, grounds, and the local community) and the facility's dependency on other critical community resources such as the police, sheriff, fire department, EMTs, search and rescue personnel, and the local emergency manager. Relevant maps, including local area maps and facility floor plans, may be included as Tabs (Section 8) for reference and clarification. An example is provided below:

**[Large exposures to CBRN materials will probably be a community-wide event and the facility will receive instructions on the appropriate actions from authorized personnel. The facility should follow these instructions and maintain open communication pathways for additional updates on the situation. When the facility is a single-exposure, it will contact emergency personnel for assistance, again following instructions.]**

### 4. Capability Assessment

This section discusses the capabilities of the facility to survive the hazard. This is a good place to explain any redundant power sources for the facility and to note any Mutual Aid Agreements (MAAs) in place to procure additional resources. Other important points to discuss include:

- Note how many employees are available at a given time
- Include aid agreements for additional assistance during the hazard or event. This assistance might include:
  - Portable generators and knowledgeable personnel to run them
  - Alternative cooking facilities
  - Delivery of potable water
  - Outsourcing of linens and other housekeeping requirements
  - Additional staffing to assist with tasks
- Identify what resources, personal protective equipment, and other materials are available to mitigate the impact of exposures
- Explain where this equipment is stored, how it activates, and any special procedures or requirements it might have
- Outline how the equipment is tested for reliability and kept ready for use



## Section One: Purpose, Scope, Situations, and Assumptions (continued)

- Explain the protocol for staff training on equipment use
- Establish inventory protocols for this equipment
- Have a facility information sheet on hand
- Pre-stage chemical sheltering supplies such as plastic sheeting, tape, respiration masks, and scissors in the sheltering location
- List how long the facility can continue to operate under these circumstances.

### 5. Planning Assumptions

Identify and list information the CPT assumes to be true during the planning. Obvious assumptions should be included when required for clarification. When the **EOP** activates during a real disaster, alterations to the assumptions collected here should be noted and the **EOP** should be revised following the conclusion of the disaster. See Appendix Development and Maintenance (Section 6) for more information on this process. Sample assumptions may include:

- **[Most exposures will be external and community wide. Follow the instructions issued by authorities, rather than developing independent procedures.]**
- **[The facility has mitigation procedures in place to in these scenarios without outside assistance for 96 hours.]**
- **[The facility will remain open and shelter in place as long as feasible, considering the safety of residents and staff.]**

## SECTION COMPLETE!



Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. Note that much of this material will change before the development process is done, so be sure to check back often!

## Section Two: Concept of Operations

In a **Hazard-Specific Appendix**, the CONOPS section provides clarity for the specific duties or actions the facility must take in the event of a specific hazard. Unlike the **Basic Plan** or **Functional Annexes**, the CONOPS section in the **Appendix** must be very specific. Because this is additional information, this section is much shorter than in the corresponding sections elsewhere in the **EOP** and some of the actions are different. Guidelines are provided here to assist facilities in addressing the requirements, but the CPT should develop specific procedural responses for each step. Facilities should include the specific procedures as checklists, operating instructions, job action sheets, or other handouts, either as Tabs (Section 8) or as part of the section. The CONOPS has specific requirements of content, which are listed below in **bold**. Suggestions for what each step might include is listed as well. Facilities and the CPT should determine the best way of addressing each of the steps to suit their particular needs.

### 1. Step One: Assess the Hazard.

Specifically examine a CBRN exposure and explore how that affects the facility and any actions the facility must now consider because of the situation. This information is in addition to the hazard assessment performed when using a **Functional Annex**.

#### a. Examine the situation

- What is the disaster?
- What caused the event?
- Are instructions being issued to address the situation?
- How many people are currently in the facility?
- Where are the pre-established shelter locations, and are supplies pre-staged?



## Section Two: Concept of Operations (continued)

### 2. Step Two: Select and Implement Protective Actions.

The Incident Commander (IC), based on the information gathered from step one, must determine the protective actions the facility will take in response to the hazard. This decision may influence the decisions made using a **Functional Annex** as well. Construct the procedures to accomplish the following actions:

#### a. Determine the protective action

- Generally, this will be to follow the instructions issued by local, state or federal authorities.
- For minor or interior incidents, issue protective equipment to staff and follow the appropriate protocols from the corresponding **Functional Annex**.

#### b. Implement protective actions.

- Again, this will generally be to follow instructions. Several points to consider are:
  - Seal off all outside access for the shelter spaces
  - Gather critical supplies for the next four hours in the shelter space
  - Turn off all HVAC units

#### c. Control access and isolate danger area

- If necessary, cordon off or evacuate areas of the facility that are dangerous because of the disaster.
- Implement procedures to minimize movement of residents and staff, to preserve situation integrity, based on the hazard.

#### d. Provide immediate medical treatment to residents or allow emergency medical personnel to assume responsibility for the patient

- If necessary, address the specific medical issues caused by the event. This may include life support measures.

#### e. Communicate medical or search and rescue needs to emergency personnel

- Some residents may not be able to stay in the facility during this scenario. Communicate the need to evacuate those residents with emergency personnel, time permitting
- Account for all staff and residents through an attendance or roster procedure. Notify emergency personnel of any missing residents or staff

### 3. Step Three: Conduct public warning or information communication.

The facility rarely communicates with the public directly, but there are always audiences a facility must address during a disaster. These may include local emergency personnel, residents, staff, families of residents and staff, and local and state health officials. The type of disaster will impact who the facility must notify. Have several employees trained in public information officer (PIO) skills to reduce the stress of this step on the facility. Remember that any information procedures listed here should be specific to CBRN incidents.

#### a. Determine the content and scope of a public warning or information communication

- Is the public already aware of the hazard?
- Are local officials already communicating procedures for the incident?
- Are there pre-established information sources for this type of disaster?
- What information **MUST** the facility disseminate about staff and residents? Examples include:
  - Are life support patients being transferred or supported in place?
  - How long will these alternative measures be in effect?
  - What procedures will the facility take to ensure life safety for staff and residents?
  - How can the families of staff and residents assist in the disaster?



## Section Two: Concept of Operations (continued)

### b. Disseminate internal warning or information communication

- If possible, use volunteers to disseminate the information to resident and staff families using a pre-scripted message
- If necessary, make announcements or communications inside the facility about the situation, protective actions in place, and the actions residents and staff should now take
- Provide updates as they become available
- Distribute alternative communication methods to staff if required

### c. Disseminate external information

- Use the designated liaison in the facility to notify emergency personnel and the state health department of the facility's situation, needs, and projected actions
- Remember to update emergency personnel and the state if previous decisions made by the facility are affected by the activation of this **Appendix**.

## 4. Step Four: Monitor the situation

Closely monitor the overall situation. The performance of alternative resources, the overall health and well-being of staff and residents, the progression of other events and disasters, and the physical integrity of the facility must all be considered when determining the extent of this **Annex**. Determine a way for the IC or designated authority to monitor the situation and revise previous decisions as required during the progression of a CBRN incident. This will also be part of the **Basic Plan** and **Functional Annexes**, but those observations may impact when the facility moves the progress of this specific **Appendix** forward.

## 5. Step Five: Demobilize the Plan

Eventually the **Appendix** must be demobilized. The IC or Facility Administrator may make the decision to demobilize the **Appendix** at any time, based on their best judgment. The **Appendix** may also demobilize by giving way to another **Appendix** or **Annex**. Be aware that one **Appendix** may end before the rest of the **Basic Plan** or **Functional Annexes** are over, or that an **Appendix** may remain in effect long after the conclusion and demobilization of another **Functional Annex** or **Appendix**. Communication is a key factor of this step.

## SECTION COMPLETE!



Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. The material developed in the last section is critical to the **Appendix**, so be sure it makes sense. Revisit the procedures drafted here frequently and re-work them as required.

## Section Three: Organization and Assignment of Responsibilities

On average, facilities identified ten departments directly involved with daily operation, plus two additional medical resources that are not permanently on-site at the facility. The departments are convenient ways to divide up and assign the responsibilities of the evacuation procedure in an organized manner.

**Remember the CPT should tailor this section to reflect the unique capabilities of the facility.** The list of recommended department divisions, with a sample department checklist, is available under Tab 8 (Section 8).

- Begin by reviewing the **Organization and Assignment of Responsibilities** section developed for the corresponding **Functional Annexes** that the **Appendix** compliments
- Identify which duties between the **Annexes** and the **Appendix** are the same and assign the same department to those responsibilities
- Fill in the rest of the responsibilities using the titles or department names. **DO NOT USE NAMES OF INDIVIDUALS!**



### Section Three: Organization and Assignment of Responsibilities (continued)

- When determining what role to assign each department, consider the specific needs that may alter the facility's disaster response when CBRN elements are involved. Remember that these duties compliment the established assignment of responsibilities for other parts of the plan!
- Pick the best fit for the job
- List at least two alternates, by title, for each responsibility
- Remember the span of control- no one person should oversee more than 7 people, and everyone should report to only 1 person



**Hint:** Print out a blank Incident Command Structure (ICS) chart (form ICS 107, which is available on the health facilities website) and fill it in as the CPT completes this section. Use the charts created for the **Basic Plan** and **Functional Annexes** as well.

A clear understanding of ICS will greatly assist a facility in successfully implementing disaster organizational requirements, including the appropriate assignment of responsibilities. As emphasized in both the **Hazard Analysis Toolkit** and the **Basic Plan Toolkit**, the critical staff must complete basic ICS training. This training is available from the State ([www.dola.state.co.us/dem/index.html](http://www.dola.state.co.us/dem/index.html)) as classroom training, or as online training from FEMA (<http://training.fema.gov/IS/>). After completing the ICS training, this section should be much clearer for both the CPT and the facility staff.

#### SECTION COMPLETE!



Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. Remember that the organization of responsibilities should be indicated by title, not by name, and should be flexible. Note that much of this material will change before the development process is done, so be sure to check back often!

### Section Four: Disaster Intelligence

Outline the essential information about the disaster or event required to make the **Appendix** operational. This may include the status of the community, the cause of any outages and shortages, projected timelines for the disaster progression, and the impact on the facility. This section also indicates where the critical information is expected to come from. Facilities should partner with local emergency management and utility providers to ensure notification and inclusion in information dissemination operations.

Remember this information is only for use with the Hazard-Specific Appendix.

- Outline types of information critical during CBRN incidents.
- Determine how to coordinate this information with other disaster intelligence required for the EOP.
- Ensure information resources are accurate and easily available.
- Familiarize staff with proactive information collection.
- Create standards for information dissemination in the facility.
- Have procedures for sharing critical information with the emergency community during a disaster.
- Practice sharing information internally and with other partners.
- Identify information resources required by state, local, or corporate agencies.
- Use ICS forms 201, 202, 203, 204, 205, 207, 209, and 213, or variations of them, to assist in this process.

#### SECTION COMPLETE!



Take a few moments to review the work so far. Compare the **Hazard-Specific Appendix** to the EOP and see if the two compliment one another. Examine any questions, comments, or sections requiring follow up.



## Section Five: Administration, Finance, and Logistics

Detail the support requirements and the availability of those services for the facility during this specific disaster. Overall, this section will include specific policies about assessing the damage of a landslide or subsidence event on the facility and the surrounding community, list hazard-specific Mutual Aid Agreements (MAAs) or other pre-determined sources of assistance, and specify any special policies for keeping financial records, tracking, reporting using, and compensating the use of resources, and other policies detailing what critical record keeping. The use of ICS forms (available online) is highly recommended to assist this process. Remember that accurate documentation is required for most state and federal aid re-imbusement.

The section is broken down into major responsibilities for simplicity. Remember to detail the specific policies about the hazard here, while maintaining cohesiveness with the general guidelines listed in the corresponding section of the **Basic Plan** and **Functional Annexes**. As explained in the Organization and Assignment of Responsibilities (Section 3), these functions are already used in the facility for day-to-day operations. Consider assigning responsibility for this section to existing corresponding authorities or departments within the facility. Include existing organizational charts, accountability methods, or logistical flow charts here to help clarify the additional responsibilities of these functions during this hazard or event.

1. **Administration:** Detail the scope of duties and information the administration coordinator will be accountable for during and after the disaster. This section will probably look very similar to the one in the facility's **Basic Plan**. Tailor functions to reflect specific needs during hazard, for example:
  - Records and reports associated with tracking the status of the facility
  - Attach tabs of diagrams depicting utility box locations and status, gas and water lines, and emergency generator capacity and activation instructions
  - Oversee assignment of staff and volunteers for specific duties
2. **Finance:** Establish the method of tracking all financial expenditures, including resource procurement and expenditure, personnel hours, and patient insurance billing requirements. Assign accountability for the maintenance and safekeeping of these records during and after an evacuation. Use ICS forms 203, 204, 209, 210, 211, 214, 215, or 218, or variations of them, to assist with this process. Critical functions include:
  - Records and reports the costs associated with the hazard
  - Tracks the hours worked by employees and volunteers
  - Tracks the cost of procuring new or additional supplies
  - Tracks expenditure for vehicle utilization, including those on loan or as outlined by the facility's MAAs and other agreements
  - Tracks cost of running the facility on alternative utilities
  - Tracks patient billing
3. **Logistics:** Outline the responsibilities and procedures for all physical resource allocation, implementation, overview or movement of supplies during the hazard. This includes the coordination of resources and alternative utilities for the facility. For these types of events, logistics gains the complication of establishing the portability of resources.
  - Ensure that essential provisions are available, including but not limited to:

- Food	- Portable generators and fuel sources
- Water	- Lights
- Medical supplies	- Batteries
- Patient records	- Medical equipment
- Housekeeping supplies	- Administrative equipment
- Sanitation devices	- Rain ponchos or wet-weather gear



## Section Five: Administration, Finance, and Logistics (continued)

- Develop and implement methods of tracking equipment and supplies.
- Use Incident Command Structure forms 203, 204, 207, 209, 211, 214, 215, and 218, or variations of them, to assist in this task.

Account for all resources currently available to the facility AND those borrowed, loaned, rented, purchased, or otherwise acquired during and after the hazard.

### SECTION COMPLETE!



Evaluate the progress so far by proofing, reading for content, or comparing the **Appendix** to other emergency planning documents. Think carefully about the facility's organizational structure and make sure the **Appendix** compliments it. Work to emphasize the strengths of the facility staff.

## Section Six: Appendix Development and Maintenance

*This section should identify who is responsible for coordinating revision of the Appendix, keeping its attachments current, and ensuring that SOPs and other necessary implementing documents are developed. (CPG 101).* Whenever this **Appendix** is used, whether for a real event or as part of an exercise (including fire drills), the facility should evaluate the plan for effectiveness. Like the **Basic Plan**, the **Appendix** is a living document and will undergo changes and revisions each time it is used. The **After Action Report/Improvement Plan Template** (available online at the health facility website) is a useful tool for the evaluation of all or part of an **EOP**.

Remember that surveyor and life safety code inspections require the **EOP** be reviewed and updated at least annually. That means, even if the facility does not experience a major disaster, the plan must still be tested in exercises and the learning points identified as a result of the exercises must be introduced into the **EOP**. A variety of methods for tracking plan development are provided in the **Hazard Analysis Toolkit**, but the CPT should create accountability and tracking methods that work best for the facility's staff.

- Coordinate this section with the **Basic Plan**, the **Functional Annexes**, and other **Hazard-Specific Appendices**.
- Identify and describe the reference manuals used to develop the plan including software, toolkits, contractors, interviews, planning tools and development guides.
- Coordinate with local or state emergency management resources for review and commentary on the plan.
- Include an exercising and review schedule, with a method for tracking progress.
- Describe how this plan was coordinated with **EOPs** from other facilities in the county and region, local emergency plans, and mutual aid partners.



**Hint:** This is not the time to actually plan an exercise. Instead, make plans for when the facility will practice evacuations. The actual development of exercises is discussed in the **Adult Care Facilities Tabletop Exercise Toolkit**, which is available online at the health facility website.

### SECTION COMPLETE!



The facility can minimize workload by planning to review the entire plan, including the **Appendix**, at the same time. Take a moment now to review this section and ensure compatibility between the maintenance schedules for each part of the plan.

## Section Seven: Authorities and References

*Authorities and references should be cited as appropriate and specifically reference issues related to the hazard. (CPG 101).* The CPT may wish to cite clarification authorities for any major policies the facility develops in regards to privacy, civil rights, or medical treatment. This section is particularly important to clear with the facility's legal advisors, as it provides the legal basis for the authorities issued in Organization and Assignment of Responsibilities (Section 3) and in Administration, Finance, and Logistics (Section 5).

### 1. Authorities

Collect any legal documents or authorities that apply during CBRN incidents that may alter standard operating procedures regarding patient care, confidentiality, transportation, transfer of residents, etc. Remember; only include specific authorities for the hazard in this section!

### 2. References:

These resources may help the facility clarify portions of the **Appendix**, serve as additional information points during a disaster, or provide citation for examples the facility chooses to include in their plan. Additional resources are widely available on the internet and through local, state and federal agencies. The CPT is encouraged to review each of these references, and include any other important references they identify. Remember; only include specific references for the hazard in this section!

- Radiation Emergencies Fact Sheet from the CDC:  
<http://www.bt.cdc.gov/radiation/emergencyfaq.asp>
- Bioterrorism Emergencies Fact Sheet from the CDC:  
<http://www.bt.cdc.gov/bioterrorism/>
- Chemical Emergencies Fact Sheet from the CDC:  
<http://www.bt.cdc.gov/chemical/>
- CBRNE Emergency Preparedness for Medical Care Providers:  
<http://www.emsa.ca.gov/disaster/CBRNE.asp>
- Chemical Stockpile Emergency Preparedness Program in the Colorado State Emergency Plan:  
[http://www.dola.state.co.us/dem/operations/seop2007/12\\_csepp.pdf](http://www.dola.state.co.us/dem/operations/seop2007/12_csepp.pdf)

## SECTION COMPLETE!



The majority of the **Appendix** is now complete. Re-read for content, clarity and format and identify any sections that require specific informational additions (such as maps, checklists, job action sheets, call lists or scripts) for use in developing the last section.

## Section Eight: Tabs

Tabs are an excellent means of gathering important procedural information for the **Appendix** where it can easily be accessed and distributed to staff, volunteers, or first responders during an emergency. Remember that **Hazard-Specific Appendices** supplement other portions of the **EOP**; so the information collected here should only apply to CBRN incidents. The CPT should expand this section to suit the particular needs of the facility, paying particular attention to the development of *Department Checklists*.

### 1. Maps and Diagrams

Any maps, diagrams, charts, floor plans, building schematics, or graphic forms of information **should also be stored here**. This allows for the fastest, easiest reference of the materials during a disaster. It is particularly important that maps of the facility, evacuation routes, or supply routes be maintained and accurate. Possible types of materials to include here are:

- Several different types of facility maps, including floor plans, evacuation routes, location of HVAC/electrical/gas/water systems, and the grounds.
- Charts depicting the organizational structure of the facility staff.
- Step –by-step, picture instructions for various tasks such as shutting off utilities connections
- Methods of communicating around language barriers, including those who are deaf or do not speak English.

### 2. Department Checklists

A department checklist is a supplemental tool that provides the specific instructions or tasks for a department during an emergency. Facilities must also make a Department Checklist for every department in the facility and incorporate them into the **EOP** to fulfill licensing regulations established by the State of Colorado for Long Term Care Facilities [6 CCR 1011.1 Chapter V Part 13.2:4]. Use the CONOPS section to develop the checklists and divide out all of the tasks to the appropriate departments.

A sample department checklist is located below. Several additional samples are provided in the **Checklist Development Toolkit** (available online.) Facilities should tailor the checklist to reflect the actual needs identified by the CPT, including content and format.



# Sample Nursing Department Checklist

Remember that during an emergency, regular services may be abbreviated or minimal but resident care should remain the priority. This checklist outlines the critical actions the department must complete during a CBRN to maintain resident care standards and to provide accountability for the facility's records after the hazard concludes. The head of the department is responsible for assigning these tasks and holds accountability for their completion. If additional tasks are required of the department, they should be noted on this sheet and incorporated into the revised plan after the disaster. Remember that this is a sample. The facility should determine the best layout for the checklist, as well as the duties to include.

Task:	Assigned To:	Completed By:	Date/Time:
Ensure delivery of resident medical needs			
Assess special medical situations			
Coordinate oxygen use			
Relocate endangered residents			
Ensure availability of medical supplies			
Ensure safety of resident records			
Maintain resident accountability and control			
Supervise residents and release to their relatives when approved			
Ensure proper control of evacuated or arriving residents and their records			
Screen ambulatory residents to identify additional transportation or support needs			
Maintain a master list of residents, including dispositions, and forward this list to the IC for distribution to local emergency personnel.			
<b>ADDITIONAL TASKS:</b>			

## TOOLKIT COMPLETE!



Review the entire toolkit and make any final changes. Place the completed toolkit in the facility's EOP. Then the facility and the CPT should select one of the following actions:

1. Finish developing the **Hazard-Specific Appendices** identified during the hazard analysis (recommended).
2. Download and complete the **Adult Care Facility Tabletop Exercise Toolkit** [www.healthfacilities.info](http://www.healthfacilities.info), under Emergency Planning Resources.

